

Dear Juror: This Questionnaire is intended to speed the progress of trials, save you time, and save taxpayer money. **The following information is requested, but not required.** The information you provide will be shared with lawyers for purposes of jury selection, but it is **CONFIDENTIAL** and does **NOT** become part of the public case file. The lawyers will be required to destroy copies of the questionnaires at the conclusion of jury selection. Your cooperation in completing all questions would be appreciated. Please use the back of this Form if needed.

Participant No. \_\_\_\_\_

1. Last Name _____ First Name _____	2. Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated or divorced
3. How long have you resided at your current address? _____ years How long have you lived in Nebraska? _____ years	4. Do you <input type="checkbox"/> own or <input type="checkbox"/> rent your current residence?
5. In which state have you resided the longest period of time? _____	6. Place of birth: _____
7. Employment (if retired or disabled, state employment before retirement) profession: _____ Employer: _____ type of work: _____ years: _____ Prior employer: _____ type of work: _____ years: _____ Spouse's employer: _____ type of work: _____ years: _____ Spouse's prior employer: _____ type of work: _____ years: _____	
8. Number of children _____ If any; age, occupation (if employed): _____	
9. Highest level of education completed: <input type="checkbox"/> elementary <input type="checkbox"/> high school ____ yrs <input type="checkbox"/> vocational school ____ yrs <input type="checkbox"/> college or community college ____ yrs <input type="checkbox"/> post-college ____ yrs Major field of study (if any): _____	
10. Location of school(s): High School _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Name of school</span> <span>city/state</span> </div> College or Community College: _____ Vocational: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Name of school</span> <span>city/state</span> <span>Name of school</span> <span>city/state</span> </div>	
11. Have you ever been sued? <input type="checkbox"/> yes <input type="checkbox"/> no Who was your lawyer? _____ If so, for what? _____ When? _____ Have you ever sued anyone (a person or company)? <input type="checkbox"/> yes <input type="checkbox"/> no Who was your lawyer? _____ If so, what was your claim(s)? _____ When? _____	
12. Have you ever been a witness in court? <input type="checkbox"/> yes <input type="checkbox"/> no Type of case? _____ When? _____	
13. Have you ever served on a jury? <input type="checkbox"/> yes <input type="checkbox"/> no Case type: civil or criminal? _____ Verdict reached? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, for which side? _____ Were you the foreperson? <input type="checkbox"/> yes <input type="checkbox"/> no	
14. Have you or a close family member ever been a victim of a crime? <input type="checkbox"/> yes <input type="checkbox"/> no Type of crime: _____ When? _____	
15. Are you or any close family member, at present or in the past, a member or employee of any law enforcement agency? <input type="checkbox"/> yes <input type="checkbox"/> no If so, give particulars: _____	
16. Are you now or have you been for a significant period of time a member of any fraternal, civic political group, labor union or any other organization? <input type="checkbox"/> yes <input type="checkbox"/> no If so, please list: _____	
17. Have you ever served in the military? <input type="checkbox"/> yes <input type="checkbox"/> no Branch : _____ Highest rank: _____ Type of discharge: _____ Total number of years: _____	
18. List hobbies or recreational activities: _____	
19. List the magazines and newspapers you read. _____	
20. Do you listen to radio news regularly? <input type="checkbox"/> yes <input type="checkbox"/> no Do you watch tv news regularly? <input type="checkbox"/> yes <input type="checkbox"/> no What are your most-watched tv shows? _____ Do you visit websites regularly? <input type="checkbox"/> yes <input type="checkbox"/> no If so, describe the types of websites you visit regularly. _____	
Signature _____	Date _____